



Rhode Island Department of Health

NOTICE OF PUBLIC HEARING

The Director of the Rhode Island Department of Health has under consideration proposed promulgation of the [Rules and Regulations for Licensing Adult Supportive Care Homes \[R23-17.24-SCH\]](#) pursuant to the authority conferred under Chapters 23-17.24 and 42-35 of the Rhode Island General Laws, as amended. The purpose of the proposed regulations is to define the minimum standards for: licensing adult supportive care homes in Rhode Island; care of residents in an adult supportive care home; and maintenance & operation of adult supportive care homes.

Concurrent with the adoption of this regulation, the Director of the Rhode Island Department of Health is also proposing to amend [Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health \[R23-1-17-Fee\]](#) to add fees associated with the licensing of adult supportive care homes.

Notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Director will hold a public hearing on the above mentioned matter, in the **AUDITORIUM** of the Rhode Island Department of Health (on the lower level of the Cannon Building), Three Capitol Hill, Providence, Rhode Island on **THURSDAY, 24 MARCH 2016 AT 1:00 P.M.** at which time and place all persons interested therein will be heard. The seating capacity of the room will be enforced and therefore the number of persons participating in the hearing may be limited at any given time by the hearing officer, in order to comply with safety and fire codes.

In the development of the rules and regulations, consideration was given to the following: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions and (3) financial impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

For the sake of accuracy, it is requested that statements to be made relative to any aspect of the regulations, including alternative approaches or overlap, be submitted in writing at the time of the hearing or in electronic format prior to the hearing date to: Andrew Powers, Chief Health Program Evaluator, Center for Health Facilities Regulation; by calling 401-222-2566 or e-mail to Andrew.Powers@health.ri.gov.

Copies of the regulations are available for public inspection in the Cannon Building, Room #201, Rhode Island Department of Health, 3 Capitol Hill, Providence, Rhode Island, on the Secretary of State's website: <http://www.sos.ri.gov/ProposedRules/>, by calling 401-222-7767 or by e-mail to Bill.Dundulis@health.ri.gov.

The Department of Health is accessible to the handicapped. If communication assistance (readers/ interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call 401-222-7767 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.

Signed this 20th day of January 2016

Original signed by Nicole Alexander-Scott, MD, MPH

Nicole Alexander-Scott, M.D., MPH

Director of Health

RULES AND REGULATIONS FOR LICENSING ADULT SUPPORTIVE CARE HOMES

[R23-17.24-SCH]



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

February 2016 (Proposed)

COMPILER'S NOTE:

Proposed Additions: The proposed regulations are new in their entirety. Therefore, changes are not specifically indicated.

Statutory language noted in italics.

INTRODUCTION

These *Rules and Regulations for Licensing Adult Supportive Care Homes* [R23-17.24-SCH] are promulgated pursuant to the authority conferred under Chapter 23-17.24 of the General Laws of Rhode Island, as amended, and are established for the purpose of defining the minimum standards for adult supportive care homes in Rhode Island; for the care of residents in an adult supportive care home; for the maintenance and operation of adult supportive care homes that will:

- (a) Promote the dignity, individuality, independence, privacy, and autonomy of residents;
- (b) Provide a safe and home-like environment;
- (c) Protect the safety, health and welfare of residents;
- (d) Promote quality of life for all residents; and
- (e) Promote quality in all aspects of the operations of adult supportive care homes.

Pursuant to the provisions of § 42-35-3(a)(3) and § 42-35.1-4 of the General Laws of Rhode Island, as amended, the following were given consideration in arriving at the regulations:

- (a) Alternative approaches to the regulations;
- (b) Duplication or overlap with other state regulations; and
- (c) Significant economic impact on small business.

Based on the available information, no known alternative approach, duplication, overlap or impact upon small business was identified

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PART A Licensure Requirements

Section 1.0 *Definitions*

Whenever used in these Regulations, the following terms must be construed as follows:

- 1.1 **"Abuse"** means any assault as defined in RIGL Chapter 11-5 including, but not limited to hitting, kicking, pinching, slapping or the pulling of hair, provided however, unless such is required as an element of offense, it shall not be necessary to prove that the patient or resident was injured thereby, or any assault as defined in RIGL Chapter 11-37 or any offense under RIGL Chapter 11-10; or
 - (a) Any conduct which harms or is likely to physically harm the resident except where the conduct is a part of the care and treatment, and in furtherance of the health and safety of the resident; or
 - (b) Intentionally engaging in a pattern of harassing conduct which causes or is likely to cause emotional or psychological harm to the resident, including but not limited to ridiculing or demeaning a patient or resident, making derogatory remarks to a patient or resident or cursing directed towards a patient or resident, or threatening to inflict physical or emotional harm on a patient.
- 1.2 **"The Act"** means Chapter 23-17.24 of the Rhode Island General Laws, as amended.
- 1.3 **"Adult"** means persons eighteen (18) years of age and older.
- 1.4 **"Adult supportive care home (the "home")"** means: (i) A publicly or privately operated residence that provides, directly or indirectly, by means of contracts or arrangements, personal assistance to meet the resident's changing needs and preferences, lodging, and meals to two (2), but not more than five (5), adults who are unrelated to the licensee or manager, excluding, however, any privately operated establishment or facility licensed pursuant to Chapter 17 of Title 23, and those facilities licensed by or under the jurisdiction of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, the Department of Children, Youth, and Families, or any other state agency; **and** (ii) Shall be a duly licensed home nursing care provider or nursing facility licensed pursuant to the provisions of Chapter 23-17, an assisted living residence provider licensed pursuant to Chapter 23-17.4 or a licensed adult day services provider licensed pursuant to Chapter 23-17.4.
- 1.5 **"Activities of daily living (ADLs)"** means bathing, dressing, eating, toileting, mobility and transfer.
- 1.6 **"Behavioral health diagnoses"**, as used herein, generally means the conditions and disorders that appear in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), Volume 5 (DSM-5) and the behavioral health diagnoses that appear in the International Classification of Diseases, Tenth Revision (ICD-10).
- 1.7 **"Capable of self-preservation"** means the physical mobility and judgmental ability of the individual to take appropriate action in emergency situations. Residents not capable of self-preservation are limited to facilities that meet more stringent life safety code requirements as provided under subdivision 23-17.4-6(b)(3).

- 1.8 ***"Change in operator"***¹ means a transfer by the licensee or operator of an adult supportive care home to any other person (excluding delegations of authority to the administrative employees of the home) of the licensee's authority to:
- (a) Hire or fire the chief executive officer of the an adult supportive care home;
 - (b) Maintain and control the books and records of an adult supportive care home;
 - (c) Dispose of assets and incur liabilities on behalf of the an adult supportive care home; or
 - (d) Adopt and enforce policies regarding operation of an adult supportive care home.
- 1.9 ***"Change in owner"*** means:
- (a) In the case of an adult supportive care home which is a partnership, the removal, addition or substitution of a partner which results in a new partner acquiring a controlling interest in such partnership;
 - (b) In the case of an adult supportive care home which is an unincorporated sole proprietorship, the transfer of the title and property to another person;
 - (c) In the case of an adult supportive care home which is a corporation:
 - (1) A sale, lease, exchange or other disposition of all, or substantially all of the property and assets of the corporation; or
 - (2) A merger of the corporation into another corporation; or
 - (3) The consolidation of two or more corporations, resulting in the creation of a new corporation; or
 - (4) in the case of an adult supportive care home which is a business corporation, any transfer of corporate stock which results in a new person acquiring a controlling interest in such corporation; or
 - (5) In the case of an adult supportive care home which is a non-business corporation, any change in membership which results in a new person acquiring a controlling vote in such corporation.
- 1.10 ***"Department"*** means the Rhode Island Department of Health.
- 1.11 ***"Director"*** means the Director of the Rhode Island Department of Health.
- 1.12 ***"Disqualifying information"*** means information produced by a criminal records review pertaining to conviction², for the following crimes that will result in a letter to the employee and employer disqualifying the applicant from employment: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit

¹ This definition is not applicable to circumstances wherein the licensee of an adult supportive care home retains the immediate authority and jurisdiction over the activities enumerated in §§ 1.8(a) through (d) of these Regulations.

² For purposes of this definition, "conviction" means, in addition to judgments of conviction entered by a court subsequent to a finding of guilty or a plea of guilty, those instances where the defendant has entered a plea of nolo contendere and has received a sentence of probation and those instances where a defendant has entered into a deferred sentence agreement with the Attorney General.

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specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature) felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, larceny or felony banking law violations.

- 1.13 **"Elopement"**, as used in these Regulations, means leaving the premises without notice when the home has assumed responsibility for the resident's whereabouts.
- 1.14 **"Emergency admission"** means and must include the following:
- (a) An immediate admission necessitated by natural disaster, crisis, or threat to public safety at another licensed adult supportive care home, independent living situation, community residential facility, or private home;
 - (b) An immediate admission necessitated by the unanticipated incapacitation of the primary caregiver of the person to be admitted;
 - (c) Conditions or circumstances warranting emergency admission and as approved by the Center for Health Facilities & Regulation staff within forty-eight (48) hours.
- 1.15 **"Employee"** means any individual, whether paid or unpaid, directly employed by or under contract with the home, who provides or delivers direct care services to residents and/or who has routine contact with residents without the presence of other employees.
- 1.16 **"Established resident"** means a person living in an adult supportive care home with a contract and service plan in place based upon a complete assessment.
- 1.17 **"Licensed health care professional"**, as used herein, means and includes, but is not limited to, licensed assisted living residence administrators; nursing home administrators; registered nurses; physicians; physician assistants; social workers; psychologists; marriage and family therapists /mental health counselors; and chemical dependency professionals/licensed chemical dependency clinical supervisors.
- 1.18 **"Licensee"** means any person who holds an adult supportive care home license from the Department.
- 1.19 **"Life Safety Code"** means the current applicable Rhode Island State Fire Safety Code [Reference 1].
- 1.20 **"Manager"** means any person who has responsibility for day-to-day administration or operation of an adult supportive care home. A manager must be a licensed health care professional designated by the licensee and approved by the Department.
- 1.21 **"Medication aide"** means a nursing assistant who has had additional training in the administration of medications and is registered with the Department pursuant to RIGL Chapter 23-17.9 and *Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants, Medication Aides, and the Approval of Nursing Assistant and Medication Aide Training Programs (R23-17.9-NA)* [Reference 7].
- 1.22 **"Mistreatment"** means the inappropriate use of medications, isolation, or use of physical or chemical restraints as punishment, for employee convenience, as a substitute for treatment or care, in conflict with a physician's order, or in quantities which inhibit effective care of treatment, which harms or is likely to harm the patient or resident.

- 1.23 **"Neglect"** means the intentional failure to provide treatment, care, goods and services necessary to maintain the health and safety of the patient or resident, or the intentional failure to carry out a plan of treatment or care prescribed by the physician of the patient or resident, or the intentional failure to report patient or resident health problems or changes in health conditions to an immediate supervisor or nurse, or the intentional lack of attention to the physical needs of a patient or resident including, but not limited to toileting, bathing, meals and safety. "Neglect" also means failure to promptly act upon any change in a resident's condition that would disqualify that resident from admission to the home pursuant to § 10.1 of these Regulations, including but not limited to, the transfer of the resident to a health care facility. Provided, however, no person shall be considered to be neglected for the sole reason that he or she relies or is being furnished treatment in accordance with the tenets and teachings or a well- recognized church or denomination by a duly-accredited practitioner thereof.
- 1.24 **"Personal assistance"** means the provision of one or more of the following services, as required by the resident or as reasonably requested by the resident, on a scheduled or unscheduled basis, including: (i) Assisting the resident with personal needs including activities of daily living, defined as bathing, dressing, grooming, eating, toileting, mobility and transfer; (ii) Assisting the resident with self-administration of medication or administration of medications by appropriately licensed staff; (iii) Providing or assisting the resident in arranging for health and supportive services as may be reasonably required; (iv) Monitoring the activities of the resident while on the premises of the home to ensure his or her health, safety, and well-being; and (v) Reasonable recreational, social and personal services.
- 1.25 **"Person"** means any individual, trust or estate, partnership, corporation (including associations, joint stock companies, or limited liability companies) state or political subdivision or instrumentality of a state.
- 1.26 **"Qualified designee"** means a licensed registered nurse, licensed practical nurse, or registered medication aide.
- 1.27 **"Qualified licensed adult supportive care home staff members"** means a certified nursing assistant as defined in RIGL §23-17.9-2(a)(3), a licensed practical nurse as provided under RIGL §5-34-3(9) and/or a registered nurse as provided under RIGL §5-34-3(10).
- 1.28 **"Qualified mental health professional"** means a psychiatrist, psychologist, clinical social worker, psychiatric nurses, mental health counselor and other such persons, as may be defined by rules and regulations promulgated by the Director of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).
- 1.29 **"Resident"** means an individual not requiring acute medical or skilled nursing care as provided in a health care facility but who, as a result of choice and/or physical or mental limitation, requires personal assistance, lodging and meals and may require the administration of medication. A resident must be capable of self-preservation in emergency situations, unless the facility meets a more stringent life safety code as required under subdivision 23-17.4-6(b)(3). Persons needing medical or skilled nursing care, including daily professional observation and evaluation, as provided in a health care facility, and/or persons who are bed bound or in need of the assistance of more than one person for ambulation are not appropriate to reside in adult supportive care homes. However, an established resident

may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the Department, or if the resident is under the care of a licensed hospice agency provided the adult supportive care home assumes responsibility for ensuring that the care is received. For purposes of this statute, "resident" must also mean the resident's agent as designated in writing or legal guardian.

- 1.30 **"RIGL"** means the General Laws of Rhode Island, as amended.
- 1.31 **"Significant change"** means an improvement or decline in the resident's health status, behavior, or cognitive and/or functional abilities that results in a change in the resident's independence or quality of life, including but not limited to:
- (a) Resident's ability to perform activities of daily living;
 - (b) A change in the resident's behavior or mood resulting in behavioral symptoms that present a threat to the resident's self or others;
 - (c) The elimination of problematic behavior on a sustained basis;
 - (d) Requirements for resident's level of service.
- 1.32 **"These Regulations"** mean all parts of the Rhode Island *Rules and Regulations for Licensing Adult Supportive Care Homes* [R23-17.24-SCH].

Section 2.0 ***General Requirements for Licensing***

- 2.1 No person shall operate an adult supportive care home without first obtaining a license from the Department.
- 2.2 No person, acting severally or jointly with any other person, must admit or retain a resident in an adult supportive care home which home (1) does not meet the definition and requirements of the Act; and (2) is not able to provide the services needed by a resident as agreed to in the service plan required by these Regulations.
- 2.3 Each license shall specify the licensed resident capacity of the home, which must never exceed five (5) adults. The occupancy of the home shall never exceed the licensed resident capacity.
- 2.4 The home shall identify to the Department the location of beds and shall maintain proper space and furnishings for such locations.
- 2.5 Proposed changes in bed capacity within a home must be submitted to the Department in writing no less than thirty (30) days in advance of said changes and shall be subject to the approval of the Department.
- 2.6 Adult supportive care homes that accept Medicaid beneficiaries must enter into a provider agreement with the Executive Office of Health and Human Services {EOHHS} and adhere to certification standards adopted by EOHHS.

- 2.7 If the adult supportive care home accepts Medicaid beneficiaries, it must be in compliance with the federal Centers for Medicare and Medicaid Services' (CMS) Home and Community-Based Services Final Rule (2014) of Reference 10 herein.
- 2.8 No person shall represent itself as an adult supportive care home or use the term "residential care", "adult supportive care home", or any other similar term in its title, advertising, publication or other form of communication, unless licensed as an adult supportive care home in accordance with the provisions of these Regulations.
- 2.9 All adult supportive care homes are subject to and must meet the requirements of Part "A" of these Regulations to obtain and renew an adult supportive care home license.
- 2.10 Any adult supportive care home which offers to provide or provides services to residents with Alzheimer disease or other dementia by means of an Alzheimer Dementia/Special Care/Memory Program is also subject to the requirements of Part "B" of these Regulations to obtain and renew a license endorsement which authorizes these activities.

Levels of Licensure

- 2.11 An adult supportive care home shall only admit and retain residents according to the level of licensure for which the home has been licensed.
 - 2.11.1 ***Fire Code Classifications:***
 - (a) ***Level F1 licensure:*** for residents who are not capable of self-preservation. This level requires a more stringent Life Safety Code, as defined in § 1.19 of these Regulations;
 - 2.11.2 ***Medication Classifications:***
 - (a) ***Level M1 licensure:*** for one (1) or more residents who require central storage and/or administration of medications; ***or***
 - (b) ***Level M2 licensure:*** for residents who require assistance (as elaborated in § 20.0 of these Regulations) with self-administration of medications;
 - 2.11.3 ***Dementia Care:*** This category of licensure shall be required when one (1) or more resident's dementia symptoms impact their ability to function as demonstrated by any of the following:
 - (a) Safety concerns due to elopement risk or other behaviors;
 - (b) Inappropriate social behaviors that adversely impact the rights of others;
 - (c) Inability to self-preserve due to dementia;
 - (d) A physician's recommendation that the resident needs dementia support consistent with this level; or if the home advertises or represents special dementia services. In addition to the requirements for the basic license, licensing requirements for the "dementia care" level shall include the following:
 - (1) Staff training and/or requirements specific to dementia care as determined by the Department;

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- (2) A registered nurse on staff and available for consultation at all times;
- (3) The home shall provide for a secure environment appropriate for the resident population.
- (e) A home licensed at the "dementia care" level shall:
 - (1) Be licensed as an "F1--M1" home in accordance with the requirements of Part "B" of these Regulations; and
 - (2) Meet the requirements of Part "A" and Part "B" of these Regulations.

Section 3.0 *Quality Assurance*

- 3.1 Each adult supportive care home shall develop, implement and maintain a documented, ongoing quality assurance program.
- 3.2 The purpose of this program shall be to attain and maintain a high quality adult supportive care home through an on-going process of quality improvement that monitors quality, identifies areas to improve, methods to improve them, and evaluates the progress achieved.
- 3.3 Each licensed home shall establish a quality improvement committee which shall include at least the following: manager and/or registered nurse and a representative of the direct care staff. Said quality improvement committee must include a minimum of three (3) home staff members.
- 3.4 The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any on-site visit.
- 3.5 The quality improvement committee shall review and approve the quality improvement plan for the home at intervals not to exceed twelve (12) months. Said plan shall be available to the public upon request.
- 3.6 Each adult supportive care home shall establish a written quality improvement plan that includes:
 - (a) Program objectives;
 - (b) Oversight responsibility (e.g., reports to the governing body, QI records);
 - (c) Includes methods to identify, evaluate, and correct identified problems;
 - (d) Provides criteria to monitor personal assistance and resident services, including, but not limited to:
 - (1) Resident/family satisfaction;
 - (2) Medication administration/errors;
 - (3) Reportable incidents as specified in of these Regulations;
 - (4) Resident falls;
 - (5) Plans of correction developed in response to the Department's inspection reports.

Section 4.0 ***Financial Interest Disclosure***

- 4.1 Any licensed adult supportive care home which makes a referral to any health care facility, assisted living or adult day care center licensed pursuant to RIGL Chapter 23-17, or to another adult supportive care home licensed pursuant to the Act, in which the referring entity has a financial interest shall, at the time a referral is made, disclose the following information to the individual:
- (a) That the referring entity has a financial interest in the home or provider to which the referral is being made; and
 - (b) That the individual has the option of seeking care from a different home or provider which is also licensed and/or certified by the State of Rhode Island to provide similar services to the individual.
- 4.2 The referring entity shall also offer the individual a written list prepared by the Department of all such alternative licensed and/or certified facilities or providers. Said written list may be obtained by contacting the Department as specified in § 8.0 of these Regulations.
- 4.3 Non-compliance with §§ 4.1 and 4.2 of these Regulations shall constitute grounds to revoke, suspend or otherwise discipline the licensee or to deny an application for licensure by the Director, or may result in imposition of an administrative penalty in accordance with RIGL Chapter 23-17.10.

Section 5.0 ***Issuance and Renewal of License***

- 5.1 *An adult supportive care home license shall remain valid unless voluntarily surrendered, suspended, or revoked in accordance with the Act and these Regulations.*
- 5.2 *Adult supportive care homes applying for a license shall be inspected at the time of licensure and at least every eighteen (18) months thereafter.*
- 5.3 Application for a license to conduct, maintain or operate an adult supportive care home must be made to the Department upon forms provided by the Department and must contain such information as the Department reasonably requires which may include affirmative evidence of ability to comply with the provisions of the Act; the rules and regulations herein; and with federal, state, and local laws and regulations pertaining to, but not limited to: the management and operation of an adult supportive care home, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, and other relevant health and safety requirements.
- 5.4 The Department shall issue a license or renewal thereof for a period of no longer than one (1) year. Said license, unless sooner suspended or revoked, shall expire by limitation on the 31st day of December following its issuance and may be renewed from year to year after inspection, and approval by the Department, provided the applicant meets the appropriate requirements of RIGL Chapter 23-17.24 [Reference 11] and these Regulations.

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- 5.5 The licensing application must include evidence from the applicant that criminal background checks on owners and operators of the licensed adult supportive care home have been completed.
- 5.6 A licensed adult supportive care home must also *be a duly licensed home nursing care provider or nursing facility licensed pursuant to the provisions of Chapter 23-17, an assisted living residence provider licensed pursuant to Chapter 23-17.4 or a licensed adult day services provider licensed pursuant to Chapter 23-1.*
- 5.7 Each initial license and renewal application must be accompanied by a non-refundable application fee per license plus an additional fee per licensed bed, as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health.*
- 5.8 A notarized listing of the names and addresses of direct and indirect owners whether individual, partnership, or corporation, with percentages of ownership designated, must be provided with the application for licensure and must be updated annually. If a corporation, the list must include all officers, directors and other persons or any subsidiary corporation owning stock.
- 5.9 Upon receipt of an application for a license and upon inspection, the Department shall issue a license if the applicant meets the requirements of the Act and these Regulations.
- 5.10 A license issued pursuant to these Regulations must be the property of the State of Rhode Island and loaned to such licensee and it must be kept posted in a conspicuous place on the premises.
- 5.11 Each license must be issued only for the premises and persons named in the application, and must not be transferable or assignable, except with the written approval of the Department.
- 5.12 The license must specify the level of licensure or combination of services that the home may provide, and the area where service can be provided (i.e., residents requiring assistance with self-preservation, and/or medication administration may only be admitted to facilities [or areas] with appropriate licensing level).

Section 6.0 *Inspections*

- 6.1 *The Department may make an unannounced inspection of an adult supportive care home at any time to assure that the home and licensee are in compliance with the Act and these Regulations.*
 - (a) Refusal to permit inspection or investigation must constitute a valid ground for suspension or revocation of license or curtailment of activities.
- 6.2 Every home must be given notice by the Department of all deficiencies reported as a result of an inspection or investigation.

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- 6.3 A duly authorized representative of the Department shall have the right to enter at any time without prior notice, to inspect the premises and services for which an application has been received, or for which a license has been issued.
- 6.4 The Department is authorized to deny, suspend or revoke the license or curtail activities of any adult supportive care home which: (1) has failed to comply with the provisions of the Act and the rules and regulations herein; (2) has offered or provided service to residents outside of the scope of its appropriate level of license; (3) has failed to correct deficiencies or complete corrective action plan.
- 6.5 *If the Department finds that the home is not in compliance with the Act and these regulations, it must require the home to correct any violations. The Department has the authority to:*
- (a) Order the home to admit no additional persons or to transfer residents to alternate settings, as corrective actions to secure regulatory compliance.
 - (b) *Immediately suspend a license if it finds that conditions in the home constitute an imminent danger to residents.*
 - (c) *Every person or corporation who must willfully and continually violate the provisions of the Act and these regulations will be subject to a fine or not less than three hundred dollars (\$300) nor more than three thousand dollars (\$3,000) for each violation of this section.*
- 6.6 Whenever an action must be proposed to deny, suspend or revoke an adult supportive care home license, or curtail its activities, the Department must notify the home by certified or registered mail or by personal service setting forth reasons for the proposed action, and the applicant or licensee must be given an opportunity for a prompt and fair hearing in accordance with § 42-35-9 of the General Laws of Rhode Island, as amended, and the provisions of § 34.0 of these Regulations.
- 6.7 The appropriate state and federal agencies must be notified of any action taken by the Department pertaining to either denial, suspension, or revocation of license, or curtailment of activities.

Section 7.0 *Change of Ownership, Operation and/or Location*

- 7.1 When a change of ownership or operation or location of an adult supportive care home or when discontinuation of services is contemplated, the Department shall be given written notice of pending changes.
- 7.2 A license shall immediately expire and become void and shall be returned to the Department when operation of an adult supportive care home is discontinued or when any changes in ownership occur.
- (a) Prior to operating under a new owner or operator, the prospective licensee shall apply for a new license in accordance with § 5.0 of these Regulations. Upon receipt of a complete application and if there are no changes in existing operations of the home, including:

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- (1) Resident capacity;
 - (2) Level of licensure;
 - (3) Modifications or construction of the physical plant;
 - (b) The Department may, following a review of the complete application, issue a license to the prospective licensee without first inspecting the premises.
- 7.3 When there is a change in ownership or in the operation or control of the home, and provided a complete application is submitted in accordance with § 7.0 of these Regulations, the Department reserves the right to extend the expiration date of the existing license, allowing the home to operate under the same license which applied to the prior licensee for such time as shall be required for the processing of a new application or reassignment of residents, not to exceed six (6) weeks.
- 7.4 When a change of manager is contemplated, the Department shall be given written notice prior to the change and at the time of the actual change.
- 7.5 The Department shall be notified immediately when a licensee/owner determines to cease operations and close an adult supportive care home. A meeting shall be conducted with the Department and prior to notice or notification to residents and the public to ensure there is a formal and comprehensive plan for an orderly closure, thirty (30) days or more notice to residents, their guardian, or relative so appointed or elected to be his or her decision maker, and the safe, orderly discharge and transfer of residents.
- 7.6 The adult supportive care home closure plan shall include, but is not limited to the following:
- (a) Letter of intent and/or determining factors/justification for the closure (i.e., voluntary, financial), to include:
 - (1) Proposed closure date;
 - (2) Contact information for staff member responsible for implementing the closure plan;
 - (3) Projected fiscal management plan covering operations during the closure period.
 - (b) Staffing plan(s):
 - (1) By program/location;
 - (2) Time line for individual closures of any program/service location;
 - (3) Staff scale-down process as appropriate given planned transition/reduction of patients/residents.
 - (c) Plans for providing notification and estimated implementation of notices:
 - (1) Any required notice to 3rd party payers (i.e., Medicaid, long-term care insurance);
 - (2) Notice to Accreditation entities – if appropriate;
 - (3) Notice to staff/union – meeting date(s);
 - (4) Public notice;
 - (5) Community/public meetings – if appropriate and/or planned.

(d) Storage/access to medical records:

- (1) Location for self-storage, or
- (2) Company/agency providing contract storage services.

Section 8.0 *Communications*

8.1 All communications and reports required to be submitted to the Department pursuant to these Regulations must be sent to:

Rhode Island Department of Health
Center for Health Facilities & Regulation
3 Capitol Hill, Room 306
Providence, RI 02908 401.222.2566 (phone)
401.222.3999 (FAX) or 401.222.5901 (FAX)

- 8.2 The information in § 5.10 of these Regulations must be displayed in a conspicuous public area of the home and must be identified as the Department point of contact for complaints concerning potential violations of the Act or these Regulations.
- 8.3 Each home must establish and maintain a facility specific electronic mail address (i.e., email address) to be provided to the Department for the purposes of contacting a high managerial agent for the home with both routine communications and emergency notices. The home must be responsible for providing notice to the Department at any time that the home's specific electronic mail address is changed or updated.
- 8.4 In the event or in the preparation of an onsite, local area, or statewide emergency or natural disaster, the home will respond to requests for information and/or status reports as requested by the Department and/or designated situation/incident commander.

Section 9.0 *Administrative Management*

9.1 Each adult supportive care home shall have a manager as defined in these Regulations who is in charge of the maintenance and operation of the home and the services to the residents. The name and contact information for the current manager shall be displayed in a conspicuous public area of the home. The manager is responsible for the safe and proper operation of the home at all times by competent and appropriate employee(s) and shall be responsible for no less than the following:

- (a) The management and operation of the home and services to the residents;
- (b) Compliance with federal, state, and local laws and rules and regulations pertaining to, but not limited to: the management and operation of adult supportive care homes, fire, safety, zoning, building codes, sanitation, food service, communicable and reportable diseases, Americans with Disabilities Act, employee health and safety, other relevant health and safety requirements, and these Regulations.
- (c) Staffing the home with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, medication administration, if applicable, and other such services;

- (d) Establishment of written policies and procedures governing the operation of the home which are aimed, to the extent possible, at maintaining the independence of residents. Such policies shall include provisions to implement no less than the following:
 - (1) The appropriate provisions of § 23.0 (Rights) of these Regulations and other applicable provisions pertaining to admission, transfer, discharge, visitation privileges, availability and utilization of community resources, leisure time and such other;
 - (2) Accountability of the home when acting as a fiduciary agent for the resident pursuant to § 23.0 (RIGHTS) of these Regulations;
 - (3) Notification of next of kin or other responsible person designated by the resident in the event of illness, accident or death; and
 - (4) Such other provisions as may be deemed appropriate.
 - (e) Compliance with all requirements appropriate to the service level for which the home is licensed.
- 9.2 ***Cardiopulmonary Resuscitation:*** At all times, one person on-site shall have successfully completed instruction by the American Heart Association, the American Red Cross, or the National Safety Council at the minimal ("Heartsaver") level to perform cardiopulmonary resuscitation.
- 9.3 A manager shall be in charge of no more than five (5) homes with an aggregate resident total of no more than twenty-five (25) residents.
- 9.4 The manager shall not leave the premises without delegating necessary authority for operation of the home to a competent employee(s).

Home Manager

- 9.5 *A manager must be a licensed health care professional designated by the licensee and approved by the Department.*
- 9.6 The manager of the home must have no less than five (5) years of professional experience working with the elderly and/or working in residential services.
- 9.7 The manager must be responsible for the safe and proper operation of the home at all times by competent and appropriate employee(s) and must be responsible for no less than the following:
- (a) Management and operation of the home and services to the residents;
 - (b) Staffing the home with adequate and qualified personnel to attend to the food preparation, general housekeeping, assistance with personal care, evacuation of the home in an emergency, medication administration, if applicable, and other such services;
 - (c) Establishment of written policies and procedures as required in § 9.8 of these Regulations governing the operation of the home that are targeted to the extent possible, at maintaining the independence of residents;

- (d) Compliance with all requirements appropriate to the service level for which the home is licensed.

Policy and Procedure Manual

- 9.8 The home must have a ***policy and procedure manual*** that is reviewed and updated at least once per year by the manager, and must include, but not be limited to, the following items:
- (a) A written description of all services available to residents that must be designed to promote the resident's efforts to maintain independence;
 - (b) A written statement of admission criteria that must include, at a minimum, the following information regarding the resident population:
 - (1) Nature and extent of disabling condition(s) served; and
 - (2) Restrictions (if any).
 - (c) Written statements provided to residents must be clear and concise, written in plain language, and suitable for comprehension by lay persons.
 - (d) The statement of admission criteria must include a statement that no otherwise qualified applicant must be denied admission to the home solely on the basis of race, creed, color, religion, sexual orientation, or national origin.
 - (e) Provision of services that includes information pertaining to no less than the following items:
 - (1) Home staffing patterns;
 - (2) Employee responsibility(ies) for the provision of services;
 - (3) A written policy regarding safe resident handling in order to prevent musculoskeletal disorders among health care workers and injuries to residents;
 - (4) A statement that services rendered must be performed in accordance with all applicable laws and regulations for each service provided;
 - (5) A policy regarding compliance with food service and Food Code requirements;
 - (6) Method(s) of employee documentation of personal care services/activities of daily living (ADLs) rendered to residents.
 - (7) Procedures for reporting incidents and events in accordance with § 13.0 of these Regulations.
 - (8) Procedure(s) for resolution of resident grievances, including the inclusion of the name, address, and telephone number of all pertinent resident advocacy groups, the state ombudsman, and the Department.
 - (9) Written job descriptions for all positions, setting forth qualifications, reporting supervisor, positions supervised, and duties.
 - (10) Crisis intervention services in the event of psychiatric emergencies;
 - (11) Disclosure of resident information in accordance with the requirements of Reference 8 of these Regulations;

- (12) Assisting a resident in locating and/or obtaining needed services, as appropriate, including referrals (in those cases where an applicant is found to be ineligible for admission);
- (13) Medication management and/or assistance with medication(s);
- (14) A resident assessment process;
- (15) A policy that medical waste, as defined in the *Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management and Disposal of Regulated Medical Waste* promulgated by the Rhode Island Department of Environmental Management, must be managed in accordance with the provisions of the aforementioned regulations [Reference 3];
- (16) Provisions pertaining to admission, transfer, discharge, visitation privileges, availability and utilization of community resources, leisure time and such other;
- (17) Accountability of the home when acting as a fiduciary agent for the resident;
- (18) Notification of next of kin or other responsible person designated by the resident in the event of illness, accident or death;
- (19) Smoking policy (if it is permitted by the home) that includes the following:
 - (i) Location of designated smoking area(s) separate from the common area;
 - (ii) Prohibition of smoking in any area other than the designated area(s);
 - (iii) Adequate ventilation in smoking areas.
- (20) Advance Directives: The home must have written policies and procedures that address advanced directives that must include, but not be limited to, sufficient instructions for employees to follow in the event of emergencies and the resuscitation of residents.
- (21) Medical Orders for Life Sustaining Treatment (MOLST): The home must have written policies/procedures to accept, update if appropriate, and offer each qualified resident the opportunity to complete a MOLST in accordance with the *Rules and Regulations Pertaining to Medical Orders for Life Sustaining Treatment* [R23-4.11-MOLST] [Reference 12].
- (22) Such other provisions as may be deemed appropriate.

Section 10.0 *Admission Procedures*

10.1 The home must develop and maintain written *admission procedures* that must include the following components:

- (a) Completion of the resident's initial assessment;
- (b) Informing residents of house rules (e.g., necessary information, tour of home);
- (c) Involuntary transfer within the home and procedures for involuntary discharge;
- (d) Advanced directives;
- (e) Grievance procedures;

- (f) Availability of nursing services;
- (g) Elopement;
- (h) Quality assurance program;
- (i) Services included in the monthly charge(s) and additional cost(s) for other available services or amenities, such as special diets;
- (j) A behavioral health assessment process, prior to admission, completed by a qualified mental health professional, if, in the professional judgement of the qualified mental health professional, the assessment is necessary to ensure an appropriate admission in accordance with § 14.0 of these Regulations;
- (k) Conditions under which rental fees that are paid in advance must be refunded must also be explained.

Section 11.0 ***Personnel***

- 11.1 *An adult supportive care home shall provide qualified on-duty staff person(s) over the age of eighteen (18) on the premises at all times that any supportive care residents are on the premises of the home.* Such qualified licensed adult supportive care home staff member, as defined in § 1.27, must have completed employee training as outlined in §§ 11.0 and 37.12 of these Regulations and shall be on the premises at all times.
- 11.2 All licensees shall provide qualified staffing which is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being of the residents, according to the appropriate level of licensing.
- 11.3 Each licensee shall have a responsible qualified licensed adult supportive care home staff member, as defined in § 1.27, who is an employee(s) or who has a contractual relationship with the home to provide the services required by these Regulations and is:
 - (a) Awake and on the premises at all times that any supportive care residents are on the premises of the home;
 - (1) All staff are assumed to be awake staff. However, if there is more than one (1) staff person present in the residential setting on third shift, at least one (1) staff person shall be awake at all times.
 - (b) Designated in charge of the operation of the home; and
 - (c) Physically and mentally capable of communication with emergency personnel.

Staff Training

- 11.4 The manager must ensure that all new employees receive at least two (2) hours of orientation and training in the areas listed below within ten (10) days of hire and prior to beginning work alone in the adult supportive care home, in addition to any training that may be required for a specific job classification at the home.
- 11.5 Such areas include:

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- (a) Fire prevention;
 - (b) Recognition and reporting of abuse, neglect, and mistreatment;
 - (c) Philosophy (goals/values: dignity, independence, autonomy, choice);
 - (d) Resident's rights;
 - (e) Confidentiality; In the event there are residents with substance use disorders, confidentiality training for staff must be expanded to include the provisions of 42-CFR (Part 2) [Reference 19].
 - (f) Emergency preparedness and procedures;
 - (g) Medical emergency procedures;
 - (h) Behavioral health issues;
 - (i) Understanding of community resources and how to refer to community behavioral health resources;
 - (j) Dementia;
 - (k) Infection control policies and procedures; and
 - (l) Resident elopement.
- 11.6 The manager must provide or arrange for a licensed health care professional, as defined herein, to provide at least ten (10) hours of orientation and training within thirty (30) days of hire and prior to beginning work alone in the home to all new employees who will have regular contact with residents and provide residents with personal care, in addition to the areas stipulated in § 11.5 of these Regulations. Such areas include:
- (a) Basic sanitation;
 - (b) Food service;
 - (c) Basic knowledge of cultural differences;
 - (d) Basic knowledge of aging-related behaviors including dementia and Alzheimer's disease;
 - (e) An understanding of behavioral health diagnoses, including symptoms of the major mental illnesses, substance use, addictions, and symptoms of deterioration of an individual's mental condition;
 - (f) Medications used in the treatment of mental illness and substance use (e.g., methadone, buprenorphine);
 - (g) Orientation to situational counseling, supportive counseling, behavioral de-escalation techniques, and stress management;
 - (h) Personal assistance;
 - (i) Assistance with medications;
 - (j) Safety of residents;
 - (k) Body Mechanics;

- (l) Resident Transfers (required for homes licensed at the F1 level for fire safety);
 - (m) Record-keeping;
 - (n) Service plans; and
 - (o) Internal reporting.
- 11.7 Employees shall have on-going, at intervals not to exceed twelve (12) months, in-service training as appropriate for their job classifications and including the topics cited in §§ 11.5 and 11.6 of these Regulations.
- 11.8 All new employee orientation and on-going in-service training shall be documented in the employee's personnel file, and maintained onsite at the licensed home.
- 11.9 All staff providing direct care services shall receive clinical supervision by the registered nurse on an ongoing basis.
- (a) All staff providing direct care services shall receive a minimum of one (1) hour of clinical supervision per month.
 - (b) All clinical supervision must relate to the service the staff person is providing.
 - (c) All clinical supervision shall be documented in the employee's personnel record.

Section 12.0 *Personnel Records*

- 12.1 The home shall maintain comprehensive personnel records for each employee. Personnel records shall be maintained onsite of the licensed home and/or electronically available at all times.
- 12.2 Said personnel records shall be reviewed and updated at intervals not to exceed twelve (12) months and shall include, but not be limited to, all of the following components:
- (a) Completed job application and/or resume;
 - (b) Written statements of references or documentation of verbal reference check;
 - (c) Written functional job descriptions;
 - (1) These descriptions shall be updated at intervals not to exceed twelve (12) months and shall include, but not be limited to, minimal qualifications for the position, major duties and responsibilities, and shall be signed and dated by the individual employee.
 - (d) Evidence of credentials, current professional licensure and/or certification;
 - (e) Documentation of education and/or continuing training, including continuing education units (CEUs) related to administrator certification, food management, etc., medication administration, and dementia care;
 - (f) Documentation of attendance at in-service training and/or orientation;
 - (g) Documentation of at least one (1) performance evaluation at intervals not to exceed twelve (12) months;
 - (h) Signed copy of employee's awareness of resident's rights;

- 12.3 ***Evidence of Pre-employment and Ongoing Health Screening.*** Upon hire and prior to delivering services, employment health screenings must be required for each individual who has or may have direct contact with a resident. Such health screening must be conducted in accordance with the *Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers [R23-17-HCW]* [Reference 13].

Personnel Criminal Records Check

- 12.4 All employees of and adult supportive care home licensed under the Act, and having routine contact with a resident or having access to a resident's belongings or funds shall undergo a national criminal background records check which shall include fingerprints submitted to the Federal Bureau of Investigation (FBI) by the Bureau of Criminal Identification of the Department of Attorney General. The national criminal records check shall be processed, prior to, or within one (1) week of employment.
- 12.5 Said employee, through the employer, shall apply to the Bureau of Criminal Identification of the Department of Attorney General for a national criminal records check.
- 12.6 In those situations in which no disqualifying information has been found, the Bureau of Criminal Identification of the Department of Attorney General shall inform the applicant and the employer in writing of this fact.
- 12.7 Upon the discovery of any disqualifying information, as defined in § 23-17.4-30 of the Act and in these Regulations, the Bureau of Criminal Identification of the Department of Attorney General will inform the applicant in writing of the nature of the disqualifying information; and, without disclosing the nature of the disqualifying information, will notify the employer in writing that disqualifying information has been discovered.
- (a) The employer shall maintain on file, subject to inspection by the Department, evidence that national criminal records checks have been initiated on all employees seeking employment.
 - (b) Failure to maintain this evidence shall be grounds to revoke the license or registration of the employer.
 - (c) An employee against whom disqualifying information has been found may provide a copy of the national criminal records check to the employer. The manager shall make a judgment regarding the continued employment of the employee.

Section 13.0 *Reporting Requirements*

- 13.1 The person responsible for the operation of the home shall promptly notify the next of kin as instructed or other responsible person designated by the resident or guardian of any illness, injury or death of a resident.
- 13.2 Accidents, incidents, and medication errors resulting in out-of-home emergency medical services of any resident shall be reported to the Center for Health Facilities & Regulation in

writing, via facsimile by the end of the next working day. A copy of each report shall be retained by the home for review during subsequent inspections by the Department.

- 13.3 The death of any resident of a home occurring on the premises within twenty-four (24) hours of assuming residency shall be reported to the Office of the State Medical Examiners and the Center for Health Facilities & Regulation. Also, all deaths occurring in the home which are sudden or unexpected, suspicious or unnatural, the result of trauma, remote or otherwise, or when unattended by a physician or are otherwise reportable in accordance with the provisions of RIGL Chapter 23-4 [Reference 8] shall be reported to the State Medical Examiner's Office and the Center for Health Facilities & Regulation.
- 13.4 Any employee of a home who has reasonable cause to believe that a resident has been abused, exploited, neglected, or mistreated shall within twenty-four (24) hours of the receipt of said information, transfer such to the Director and to the Office of the Long-Term Care Ombudsman. Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent. Once notified, said agent shall be required to meet the above reporting requirements. The home shall establish a written policy or procedure for reporting abused, exploited or neglected residents and that complies with the provisions of this section. The report may be submitted by telephone but shall be followed up in writing.
 - (a) Upon receipt of such information or allegation, the Director shall forthwith conduct such investigation as may be necessary and submit a report of findings of the investigation(s) to the Attorney General of the State of Rhode Island.
- 13.5 Unscheduled implementation of the home's fire, evacuation, and/or disaster plan shall be reported immediately via telephone, but shall be followed up in writing, on forms supplied by the Department, by the end of the next working day.
- 13.6 All reports, as required by these Regulations, shall be provided to the Department in writing via facsimile on forms supplied by the Department. A copy of each report shall be retained by the home for review during subsequent inspections by the Department.
- 13.7 The home shall maintain evidence that all reportable incidents have been thoroughly investigated and that actions have been taken to prevent further incidents while the investigation is in progress. Appropriate corrective action shall be taken, as necessary. The results of said investigation shall be reported to the Department, within five (5) business days on forms supplied by the Department.
- 13.8 Reporting requirements, pursuant to RIGL Chapter 23-17.8 [Reference 14] must be posted in the home in plain view of all residents and employees.
- 13.9 The manager shall notify the Department in writing of any emergency admissions in accordance with § 17.11 of these Regulations within forty-eight (48) hours.
- 13.10 The manager shall be responsible for the investigation and documentation of incidents that involve home operations, resident services, or related event(s) that directly or indirectly jeopardize the health and safety of residents, or that results in a resident injury that requires

assessment by a licensed practitioner or where the injury was not witnessed or explained by the resident.

13.11 Documentation of incidents shall include:

- (a) Date and time of incident;
- (b) Reporter's name;
- (c) Name of resident(s) involved or affected;
- (d) Any injury(ies) to resident(s); and
- (e) Action taken by the home in response to the incident.

13.12 Such documentation shall be made available for review during a survey inspection by the licensing agency Department or as required by any health oversight agency.

13.13 Such documentation shall be retained by the licensee for no less than five (5) years after the event or incident.

Section 14.0 ***Residency Requirements***

14.1 Residents must *not* require acute medical or skilled nursing care as provided in a health care facility but who, as a result of choice and/or physical or mental limitation, require personal assistance, lodging and meals and may require the administration of medication.

14.2 A resident must be capable of self-preservation in emergency situations, unless the facility meets a more stringent life safety code as required under subdivision 23-17.4-6(b)(3) of the Rhode Island General Laws, as amended, is licensed at the F1 licensure level, and is in compliance with a more stringent life safety code as provided in Reference 1 herein.

14.3 Persons needing medical or skilled nursing care, including daily professional observation and evaluation, as provided in a health care facility, and/or persons who are bed bound or in need of the assistance of more than one person for ambulation are not appropriate to reside in adult supportive care homes.

14.4 An established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the Department, or if the resident is under the care of a licensed hospice agency provided the adult supportive care home assumes responsibility for ensuring that the care is received.

14.5 In order to be eligible for residency in an adult supportive care home, a person must meet the following criteria:

- (a) Is an adult;
- (b) Requires personal assistance to meet changing needs and preferences, lodging and meals;
- (c) Is capable of self-preservation, as defined in these Regulations;

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- (1) If not capable of self-preservation, must only be admitted to a home licensed at the F-1 licensure level;
- (d) May require administration of medications or assistance with self-administration of medications;
- (e) Requires assistance in arranging for health and supportive services as may be reasonably required;
- (f) Is assessed as not likely to be dangerous consistent with the following standard:
 - (1) Persons must not be eligible for admission to an adult supportive care home if their residency, even with reasonable accommodation, would either constitute a direct threat to the health and safety of self or others, or result in substantial physical damage to the property of others. Such determination must be made on an individualized basis by a multi-disciplinary home team that must include a physician and a qualified mental health professional;
- (g) Requires monitoring of activities while in the home to ensure health, safety, and well-being;
- (h) Agrees to abide by the rules of the home;
- (i) Agrees to comply with treatment plans;
- (j) Is not a current user of illegal drugs.

Disclosure

- 14.6 Each adult supportive care home must disclose certain information about the home to each potential resident, the resident's interested family, and the resident's agent as early as practical in the decision-making process and at least prior to the admission decision being made. Written statements provided to residents must be clear and concise, written in plain language, and suitable for comprehension by lay persons.
- 14.7 The disclosed information must be in print format and must include at a minimum:
- (a) Identification of the home and its owner and operator;
 - (b) Level of license and an explanation of each level of licensure;
 - (c) Admission and discharge criteria;
 - (d) Services available;
 - (e) Financial terms to include all fees and deposits, including any first month rental arrangements, and the home's policy regarding notification to tenants of increases in fees, rates, services and deposits;
 - (f) Terms of the residency agreement, including the process used in the event that a resident can no longer afford the cost of care being provided.
 - (g) The names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the state ombudsperson, and local police offices.

Section 15.0 *Residency Agreement or Contract*

- 15.1 Prior to the exchange of any funds and prior to admission, the home must execute a residency agreement or contract, signed by both the home and the resident, that defines the services the home will provide and the financial agreements between the home and the resident or the resident's representative.
- 15.2 Any advanced deposit, application fee, or other pre-admission payment must be subject to a signed document explaining fully the terms of the payment.
- 15.3 In cases of emergency placement, the residency agreement or contract must be executed within five (5) working days of admissions.
- 15.4 The residency agreement or contract must include (or reference other documents that include) no less than the following items:
- (a) Resident's rights;
 - (b) Admission criteria;
 - (c) Discharge criteria;
 - (d) Discharge policies;
 - (e) Description of the room to be rented by the resident;
 - (f) Description of shared space and facilities;
 - (g) Services to be provided;
 - (h) Services that can be arranged;
 - (i) Financial terms between resident and home;
 - (j) Basic rates;
 - (k) Extra charges at signing;
 - (l) Extra charges that may apply in the future;
 - (m) Deposits and advanced fees;
 - (n) Rate increase policy.
 - (o) Special care provisions (as applicable);
 - (p) Resident's responsibilities and house rules;
 - (q) Initial and on-going assessment and service plan;
 - (r) Grievance procedure.
- 15.5 The minimum prior notification time for changes in rates, fees, service charges, or any other payments required by the home must be thirty (30) days written notice to the resident.

Section 16.0 *Nurse Review*

- 16.1 Nurse review, as provided below, must be required for all levels of licensure.

- 16.2 A registered nurse must visit the home at least once every thirty (30) days except as provided in § 16.3 of these Regulations and must complete a review to include the following:
- (a) Monitor the medication regimen for all residents;
 - (b) Review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical/behavioral health status;
 - (c) Evaluate the appropriateness of placement;
 - (d) Make any necessary recommendations to the manager;
 - (e) Follow up on previous recommendations;
 - (f) Provide a signed, written report to the home documenting:
 - (1) Date and time of visit;
 - (2) Recommendations for follow-up;
 - (3) Progress on previous recommendations;
 - (4) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only);
 - (5) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement;
 - (g) Such reports must be on file at the home.
 - (h) Complete the medication administration quarterly evaluation related to medication administration by licensed medication aides in accordance with the *Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants, Medication Aides, and the Approval of Nursing Assistant and Medication Aide Training Programs* [Reference 7].
- 16.3 In those homes that have one or more registered nurses (i.e., at least one full-time equivalent) on-site, the nurse review must be completed at least once every ninety (90) days.

Section 17.0 ***Resident Assessments***

- 17.1 Prior to the admission of a resident, or the signing of a residency agreement with a resident, the manager must have a comprehensive assessment of the resident's health, physical, social, functional, activity, and cognitive needs and preferences conducted and signed by a registered nurse.
- 17.2 The assessment must be used to determine if the resident's needs and preferences can be met by the adult supportive care home within the range of services offered by the home at its licensure level. The conclusions must be shared with the resident or the resident's representative. If a reasonable accommodation can enable a resident to live in an adult supportive care home, the nature of that accommodation and a plan for implementation or reason for denial should be included in the assessment. Provided, however, any reasonable accommodation provided to a resident must be provided within the range of services offered by the home at its licensure level.

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- 17.3 The Department-approved assessment form, or such other assessment form as approved by the Department, must be utilized in completing the assessment on each resident who is admitted to the home.
- 17.4 In those instances in which an individual's behavioral health needs must be assessed in order to determine if the referral is appropriate, a qualified mental health professional, as defined herein, must complete the Department-approved assessment form, or such other assessment form as approved by the Department, prior to admission.
- 17.5 On the date that this section goes into effect, adult supportive care homes not intending to use the Department's form must forward their proposed assessment forms with a cover letter of intent to:
- Rhode Island Department of Health
Center for Health Facilities & Regulation
3 Capitol Hill, Room 306
Providence, RI 02908 401.222.2566 (phone)
401.222.3999 (FAX) or 401.222.5901 (FAX)
- 17.6 All assessment forms must report information appropriate to determine compatibility and compliance with the residency criteria, and must indicate that the resident's needs can be met by the adult supportive care home, and must gather information appropriate for the development of an individualized service plan.
- 17.7 The assessment form must be designed to demonstrate compliance with the adult supportive care home's criteria for residency by assessing at least the following:
- (a) Resident's ability to self-preserve including cognitive, behavioral, and physical considerations;
 - (b) Medication services required;
 - (c) Applicant does not exhibit behaviors that pose a risk to himself/herself and/or to others;
 - (d) Current Dementia care needs and mental status, as applicable;
 - (e) Compliance with and response to prescribed medical treatment; and
 - (f) Health status including medical and nursing needs.
- 17.8 The assessment form must also be designed to demonstrate that the adult supportive care home can meet the resident's needs and preferences by assessing at least the following:
- (a) Lodging;
 - (b) Meals;
 - (c) Personal assistance:
 - (1) Assistance level with personal needs, including activities of daily living;
 - (2) Assistance level with medications;
 - (d) Arranging for health and supportive services;

- (e) Monitoring activities to ensure health, safety, and well-being;
- (f) Cognitive needs;
- (g) Functional needs;
- (h) Behavioral healthcare needs (as applicable);
- (i) Social needs.

17.9 The assessment form must also be designed to provide information appropriate for the development of an individualized service plan in accordance with § 18.0 of these Regulations.

17.10 The assessment must be reviewed and updated on a periodic basis (minimum of annually) and each time a resident's condition changes significantly.

17.11 In case of an emergency admission, the required assessment must take place within five (5) working days.

Section 18.0 *Service Plans*

18.1 Within a reasonable time after move-in, the manager must be responsible for the development of a written service plan based on the initial assessment. The service plan must include at least:

- (a) The services and interventions needed;
- (b) Description, frequency, duration relating to the service or intervention, including personal assistance, medication, special diets, recreational activities, and other similar services rendered;
- (c) Party responsible for arranging the service; and
- (d) The resident's requested and/or therapeutically needed recreational and social activities.

18.2 The service plan must be developed by the manager and must be signed, approved, and dated by both parties.

18.3 The service plan must be reviewed by both parties periodically (at least annually) and each time a resident's condition changes significantly and all changes must be acknowledged in writing by both parties.

18.4 A copy of the service plan must be placed in the resident's record.

Section 19.0 ***Resident Records***

19.1 Each home must, at a minimum, maintain the following information for each resident:

- (a) Resident's name;
- (b) Resident's last address;
- (c) Name of the person or agency referring the resident to the home;
- (d) Name, specialty (if any), telephone number, and emergency telephone number of each physician who is currently treating the resident;
- (e) Date the resident began residing in the home;
- (f) A list of medications taken by the resident, including dosage, and specific records of medication administration as required by the Department;
- (g) In homes licensed at the M2 level, if a resident refuses to provide the information cited in §17.0 of these Regulations, this fact must be documented in the resident's service agreement.
- (h) Written acknowledgments that the resident has signed and received copies of the rights as provided below;
- (i) Information about any specific health problems of the resident, which may be useful in a medical emergency, including diagnostic and/or therapeutic orders;
- (j) A record of personal property and funds which the resident has entrusted to the home;
- (k) The name, address, and telephone number of a person identified by the resident who should be contacted in the event of an emergency or death of the resident and the name, address, and telephone number of the legal guardian;
- (l) Any other health-related emergency, or pertinent information which the resident requests the home to keep on record;
- (m) A copy of the initial and periodic assessments described in § 17.0 of these Regulations;
- (n) A copy of the service plan and nurse review as described in § 18.0 of these Regulations;
- (o) A copy of the residency agreement as described in § 15.0 of these Regulations;
- (p) A summary of the resident's stay at the home must be added to the record within one (1) week of discharge. The summary must include the reason(s) for leaving and a summary of the resident's status upon discharge.

19.2 Such information must be contained in record formats appropriate to the efficient and effective delivery of resident services and accessible for review upon request by the Department or other appropriate health oversight agency.

19.3 The home must retain resident records for five (5) years from the date of discharge.

Section 20.0 ***Medication Services***

20.1 For M1 and M2 licensure levels, each resident must have the right to:

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- (a) Retain the services of his/her own personal physician and dentist;
- (b) Select the pharmacy or pharmacist of his/her choice provided that the pharmacy or pharmacist supplies medications suitably packaged for the home's program;
- (c) Refuse any or all medications;
- (d) Retain possession and control of his/her medications, provided that such possession and control is deemed safe by the resident, the resident's guardian, if appropriate, and the manager or his/her designee in consultation with the resident's physician(s).

20.2 For M1 and M2 licensure levels, the home must have the right:

- (a) To inform family, guardian, physician, or other party designated by the resident or guardian if a resident has refused medication(s).
- (b) Not to accept, and/or to evict a resident who refuses assistance with medications if the home reasonably feels that the resident cannot safely possess and control medications without danger to self or others, in accordance with the requirements of the Resident's Rights statement.

20.3 Each home must provide medication services only in accordance with the appropriate level of licensure for which the home is licensed, which must be as follows:

- (a) For homes licensed at the M2 Level, assistance with self-administration by employees means that the home must only be responsible for reminding residents to take medications, and:
- (b) The resident or guardian must provide written authorization for the home to provide assistance with the self-administration of medications;
- (c) The home must provide, in writing, a description of services provided by the home to each physician prescribing for a resident, including limitations on services;
- (d) Employees may only remind the resident and observe the self-administration of medication;
- (e) The resident must not require nursing assessment of health status before receiving the medication, nor nursing assessment of the therapeutic or side effects after the medication is taken;
- (f) Except as provided in § 20.3(h) of these Regulations, the medication must be in the original pharmacy-dispensed container with proper label and directions attached;
- (g) Employees must not monitor health indicators, make medication decisions, adjust medications or provide other medical or nursing decisions;
- (h) For residents capable of self-administration of medication but who wish to ask home employees to use a medi-set (pre-poured packaging distribution system), only licensed medication aides, licensed nurses, or pharmacists must organize the medications for up to one (1) week;
- (i) All medication in the home, regardless of whether controlled by employees or by the resident, must be stored securely. All medications must be stored in a manner to prevent spoilage, dosage errors, administration errors or inappropriate access by other residents,

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visitors, or unauthorized employees. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the home and the resident population.

- 20.4 There must be documented policies or procedures regarding medication disposal and inventory procedures in the policies and procedures manual.
- 20.5 Each person assisting residents with self-administration of medications must:
- (a) Be an employee of the home;
 - (b) Be literate in English; and
 - (c) Receive orientation, instruction and on-the-job training regarding relevant policies and procedures; or
 - (d) Be a licensed nurse.
- 20.6 M2 level facilities may limit record keeping for residents who retain possession and control of medications to the requirements of § 20.3 of these Regulations.
- 20.7 For homes licensed at the M1 level, licensed employees (registered nurses, licensed practical nurses, or medication aides) may administer oral or topical drugs and monitor health indicators. Schedule II medications must only be administered by licensed nurses. The physician or nurse supervisor must conduct and document quarterly evaluations of the medication aides who are administering drugs and place a copy in the employee's personnel record.

Administration of Medications

- 20.8 Homes licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident.
- 20.9 The resident or guardian must provide written authorization for the home to provide administration of medications.
- 20.10 Medications must be administered in accordance with written orders of a prescribing practitioner. The home must provide in writing, a description of services provided by the home to each prescribing practitioner, including limitations on service.
- 20.11 All medications must be checked against a prescribing practitioner's orders by a licensed nurse, or pharmacist.
- 20.12 The resident must be identified prior to administration of any medication.
- 20.13 The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label.

- 20.14 Injectable medications, including but not limited to insulin that cannot be self-administered by the resident, must be administered by a licensed nurse.
- 20.15 There must be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments.
- 20.16 The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor.
- (a) All personnel or residents legally authorized to use disposal syringes and needles, must destroy them after one (1) use.
 - (b) Excess and undesired needles, syringes and other such instruments must be stored in impervious, rigid, puncture-resistant container for disposal. Intact needles must be placed directly into the collection containers.
 - (c) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment /destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter.
- 20.17 Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded.
- 20.18 Any medication administered by the home and refused by a resident must be documented and reported, as appropriate.
- 20.19 Medications must be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the home and the resident population.
- 20.20 All medication in the home, regardless of whether controlled by employees or by the resident, must be stored securely as stated in § 20.19 of these Regulations.
- 20.21 All centrally stored medications must be maintained in accordance with manufacturer's labeling and administered by authorized personnel.
- 20.22 For M1 and M2 licensure levels, unused or discontinued prescription medications that are left with a home must be inventoried and disposed of in accordance with the following requirements:

Disposal of Controlled Substances

- 20.23 M1 homes that are lawfully in possession of excess and undesired controlled substances that are centrally stored must inventory and dispose of all such controlled substances in accordance with all applicable federal, state, and local laws and regulations.
- 20.24 Only centrally stored medications in M1 homes may be disposed of in the following manner:

- (a) Two (2) licensed professionals may carry out flushing destruction activity, and appropriate records must be maintained at the home for two (2) years, as permitted by state and local laws and regulations. The Director, or her/his designee, is authorized to enter any premises and inspect any and all aspects of the disposal process and related records.

Disposal of All Other Legend Drugs (i.e., Non-Controlled Substances)

20.25 All other legend drugs (i.e., those not classified as controlled substances) must be the responsibility of the resident or authorized personnel to dispose of as provided in the following ways:

- (a) Legend drugs may be disposed of as solid waste provided that all of the following conditions are met: (1) the legend drugs are rendered unrecognizable; (2) the legend drug would not pose a threat to the public or to the environment; and (3) the legend drugs cannot be recycled. or
- (b) The legend drugs may be disposed of as regulated medical waste through the use of an entity holding a regulated medical waste transporter permit issued pursuant to the requirements and in compliance with the *Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management and Disposal of Regulated Medical Waste* [Reference 3].

Ordering Medications

20.26 In M1 and M2 facilities, when assistance is needed, the manager, or his/her qualified designee, must assist with ordering medications. Assistance must include coordinating prescriptions and delivery of medications, reorders of prescriptions, and receiving deliveries.

Section 21.0 *Accessibility to the Home and Residents*

- 21.1 Access to supportive care homes for adults and its residents by individuals other than relatives and friends of the residents, must be permitted at reasonable hours by duly authorized agents of state and municipal agencies other than the Department and the State Fire Marshal, private or public institutions, organizations, associations or such other service agencies whose purpose includes discharging legally authorized responsibilities or rendering volunteer assistance or service to residents with respect to personal, social, legal, religious services or such other as civil and human rights. Such access must not substantially disrupt the operation of the home.
- 21.2 Anyone entering the home must produce appropriate identification prior to being granted permission to enter the premises.

Section 22.0 *Illness and Emergencies*

- 22.1 Each home must have written procedures for residents in the event of temporary illness and emergencies which must include procedures for the evacuation of the premises.
- 22.2 Residents must not be restricted from obtaining community health services at any time or when confined to the home for a temporary illness.

Reporting of Communicable Diseases

- 22.3 Each home must report promptly to the Division of Infectious Disease and Epidemiology (IDE), cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the home in accordance with *Rules and Regulations Pertaining to the Reporting of Infectious, Occupational, and Environmental Diseases (R23-10-DIS)* [Reference 15].
- 22.4 When infectious diseases present a potential hazard to residents or personnel, these must be reported to the IDE even if not designated as "reportable diseases."
- 22.5 When outbreaks of food-borne illness are suspected, such occurrences must be reported immediately to the IDE or to the Office of Food Protection.
- 22.6 Homes must comply with the provisions of RIGL § 23-28.36-3, which requires notification of fire fighters, police officers and emergency medical technicians after exposure to infectious diseases.
- 22.7 **Infection Control.** Infection control provisions must be established for the mutual protection of residents, employees, and the public. The home must be responsible for no less than the following:
- (a) Establishing and maintaining a home-specific infection prevention program;
 - (b) Establishing policies governing the admission and isolation of residents with known or suspected infectious diseases;
 - (c) Developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of the home;
 - (d) Developing and implementing protocols for:
 - (1) Discharge planning to home that include full instructions to the family or caregivers regarding necessary infection control measures; and
 - (2) Hospital and/or nursing facility transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant *staphylococcus aureus* (MRSA), *vancomycin resistant enterococci* (VRE), and *clostridium difficile*;
- 22.8 **Resident Immunization Policies/Practices:** Except as provided in subsection (e) below of these Regulations, every home in Rhode Island must request that residents be immunized for influenza virus and pneumococcal disease. Influenza, pneumococcal, and other adult vaccination policies and protocols must be developed and implemented by the home and must contain no less than the following provisions:
- (a) **Notice to Resident.** Upon admission, the home must notify the resident and legal guardian of the immunization requirements and request that the resident agree to be immunized against influenza virus and pneumococcal disease.
 - (b) **Records and Immunizations.** Every home must document the annual immunization against influenza virus and immunization against pneumococcal disease for each resident

which includes written evidence from a health care provider indicating the date and location the vaccine was administered.

- (c) ***Other Immunizations.*** An individual who becomes a resident must have his status for influenza and pneumococcal immunization determined by the home, and, if found to be deficient, the home must assist the resident in obtaining the necessary immunizations.
- (d) Vaccinations must be provided in accordance with the most current ACIP (Advisory Council on Immunization Practices) guidelines for these vaccinations.
- (e) ***Exceptions.*** No resident must be required to receive either the influenza or pneumococcal vaccine if any of the following apply:
 - (1) The vaccine is medically contraindicated;
 - (2) It is against his/her religious beliefs; or
 - (3) The resident or the resident's legal guardian refuses the vaccine after being fully informed of the health risks of such action.
 - (4) Reports of vaccination rates must be submitted annually (by July 1st of each year) to the Department. Such reports must include, at a minimum:
 - (i) Number of all eligible residents sixty-five (65) years and older residing in or admitted to the home from September 15th to March 31st of the next year and the number of influenza vaccinations administered in that period;
 - (ii) Number of all eligible residents sixty-four (64) years and younger residing in or admitted to the home from September 15th to March 31st of the next year and the number of influenza vaccinations administered in that period;
 - (iii) Percentage of current residents sixty-five (65) years and older vaccinated with pneumococcal vaccine;
 - (iv) The number of residents who are exempted from influenza and/or pneumococcal vaccination for medical reasons;
 - (v) The number of outbreaks in the home each year due to influenza virus and pneumococcal disease, if known;
 - (vi) The number of hospitalizations of residents each year due to influenza virus, pneumococcal disease and complications thereof; if known; and
 - (vii) Other reports as may be required by the Director.

Section 23.0 ***Rights of Residents***

- 23.1 Each resident and/or legal guardian must be given a written statement of the resident's rights and responsibilities in the home that must be signed by the resident and/or guardian attesting to his/her comprehension of these rights and responsibilities as explained by the employee who must witness the resident's signature. A copy of the signed document must also be placed in the resident's record.
- 23.2 Every adult supportive care home for adults licensed hereunder must observe the following standards with respect to each resident of the home:

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- (a) Residents are entitled to all rights recognized by state and federal law with respect to discrimination, service decisions (including the right to refuse services), freedom from abuse and neglect, privacy, association, and other areas of fundamental rights including the right to freedom of religious practice. Some of these basic rights include:
 - (1) To be offered services without discrimination as to sex, race, color, religion, national origin, or source of payment.
 - (2) To be free from verbal, sexual, physical, emotional and mental abuse, corporal punishment and involuntary seclusion;
 - (3) To be free from a physical or chemical restraints for the purpose of discipline or convenience, and not required to treat the resident's medical symptoms. No chemical or physical restraints will be used except on order of a physician;
 - (4) To have their medical information protected by applicable state confidentiality laws;
 - (5) To have a service animal, consistent with the "reasonable accommodations" clause of the fair housing act (such as a guide dog); and
- (b) In addition to these basic rights enjoyed by other adults, the residents of an adult supportive care home also have the right to:
 - (1) Be treated as individuals and with dignity, be assured choice and privacy and the opportunity to act autonomously;
 - (2) Upon request have access to all records pertaining to the resident, including clinical records, within the next business day or immediately in emergency situations;
 - (3) Arrange for services not available through the setting at their own expense as long as the resident remains in compliance with the resident contract and applicable state law and regulations;
 - (4) Upon admission and during the resident's stay be fully informed in a language the resident understands, of all resident rights and rules governing resident conduct and responsibilities;
 - (i) Each resident shall receive a copy of their rights.
 - (ii) Each resident shall acknowledge receipt in writing; and
 - (iii) Each resident shall be informed promptly of any changes.
 - (5) Remain in their room unless a change in room is related to resident preference or to transfer conditions stipulated in their contract;
 - (6) Consistent with the terms of the resident contract, furnish their own rooms and maintain personal clothing and possessions as space permits, consistent with applicable life safety, fire or similar laws, regulations and ordinances;
 - (7) Be encouraged and assisted to exercise rights as a citizen; to voice grievances through a documented grievance mechanism and suggest changes in policies and services to either employees or outside representatives without fear of restraint, interference, coercion, discrimination, or reprisal;

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- (8) Have visitors of their choice without restrictions so long as those visitors do not pose a health or safety risk to other residents, employees or visitors, or a risk to property, and comply with reasonable hours and security procedures;
- (9) Have personal privacy in their medical treatment, written communications and telephone communications, and to the fullest extent possible, in accommodation, personal care, visits, and meetings;
- (10) Have privacy in written communications, including the right to send and promptly receive mail that is unopened; and have access to stationary, postage, and writing implements at the resident's own expense;
- (11) Have prominently displayed a posting of the home's grievance procedure, the names, addresses and telephone numbers of all pertinent resident advocacy groups, the State Ombudsperson and the Department;
- (12) Choose his or her own physician(s) and to have ready access to the name, specialty and way of contacting the physician(s) responsible for the resident's care;
- (13) Receive dental services from a dentist of his/her choice;
- (14) Have the home record and periodically update the address and telephone number of the resident's legal representative or responsible party;
- (15) Manage his or her financial affairs. The home may not require residents to deposit their personal funds with the home. Upon written authorization of a resident and with the agreement of the home, the home holds, safeguards, manages and accounts for personal funds of the resident as follows:
 - (i) Funds in excess of three hundred dollars (\$300) must be in an interest bearing account, separate from any home operating account, that credits all interest on the resident's funds to that account and the home shall purchase a surety bond on this account;
 - (ii) A full and separate accounting of each resident's personal funds maintained must be available through quarterly statements and on request of the resident;
 - (iii) Resident funds shall not be commingled with home funds or with funds of any person other than another resident;
 - (iv) Upon the death of a resident, the home must convey within thirty (30) days the resident's funds deposited with the home, and a full accounting of those funds to the resident's responsible party, or the administrator of the resident's estate;
- (16) Have access to representatives of the State Ombudsperson and to allow the Ombudsperson to examine a resident's records with the permission of the resident and consistent with state law;
- (17) Be informed in writing, prior to, or at the time of admission or at the signing of a residential contract or agreement of:
 - (i) The scope of the services available through the home's service program, including health services, and of all related fees and charges, including charges

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- not covered either under federal and/or state programs by other third party payers or by the home's basic rate;
- (ii) The home's policies regarding overdue payment including notice provisions and a schedule for late fee charges;
 - (iii) The home's policy regarding acceptance of state and federal government reimbursement for care in the home both at time of admission and during the course of residency if the resident depletes his or her own private resources;
 - (iv) The home's criteria for occupancy and termination of residency agreements;
 - (v) The home's capacity to serve residents with physical and cognitive impairments;
 - (vi) The health services that the home includes in its service package or will make appropriate arrangements to provide these services;
 - (vii) Written statements provided to residents must be clear and concise, written in plain language, and suitable for comprehension by lay persons.
- (18) To be encouraged to meet with and participate in activities of social, religious, and community groups at the resident's discretion;
- (19) Upon provision of at least thirty (30) days' notice, if a resident chooses to leave a home, the resident shall be refunded any advanced payment made provided that the resident is current in all payments;
- (20) The home can discharge a resident only for the following reasons and within the following guidelines:
- (i) Except in life-threatening emergencies and for nonpayment of fees and costs, the home gives thirty (30) days' advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the State Ombudsperson's office;
 - (ii) If resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations;
 - (iii) If resident is a danger to self or the welfare of others; and the home has attempted to make a reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records;
 - (iv) For failure to pay all fees and costs stated in the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the home's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the home must make reasonable efforts to

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accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and

- (v) The home makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting home criteria or if service with a termination notice is anticipated;
 - (21) The home provides for a safe and orderly move out, including assistance with identifying a resource to help locate another setting, regardless of reason for move-out;
 - (22) To have the resident's responsible person, and physician notified when there is:
 - (i) An accident involving the resident which results in injury and required physician intervention;
 - (ii) A significant change in the resident's physical, mental or psychosocial status or treatment;
 - (23) To be able to share a room with a spouse or other consenting resident of the home in accordance with terms of the resident contract;
 - (24) To live in a safe and clean environment;
 - (25) To have and use his or her own possessions where reasonable and have an accessible lockable space provided for security of small personal valuables;
 - (26) To receive a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special medical dietary needs;
 - (27) To attain or maintain the highest practicable physical, mental, and psychosocial well-being; and
 - (28) To be allowed to maintain an amount of money to cover reasonable monthly personal expenses the amount of which shall be at least equal to that amount required for individuals on SSI as provided under RIGL § 40-6-27(a)(3) [Reference 16].
 - (29) The home must implement written policies and procedures to ensure that all home employees are aware of and protect the resident's rights contained in these Regulations.
 - (30) Each resident shall be given, in writing, the names, addresses, and telephone numbers of: the Department; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General; the State Ombudsperson; and local police offices.
 - (31) Upon request, the resident shall have the right to receive information concerning hospice care, including the benefits of hospice care, the cost, and how to enroll in hospice care.
 - (32) Have prominently displayed a posting of the most recent state licensing survey of the *home*.
- 23.3 Each home shall provide each resident or his or her representative upon admission, a copy of the provisions of § 23.0 of these Regulations and shall display in a conspicuous place on the premises a copy of the "*Rights of Residents*."

Section 24.0 *New Construction, Modification, Additions, or Room Conversions*

Physical Plant

- 24.1 All new construction, modification, additions, or room conversions must comply with all applicable federal, state, and local government safety and sanitation laws, rules and regulations, including the State Fire Code.

Fire Code and Structural Requirements

- 24.2 Existing homes must be constructed, equipped and maintained to protect the safety and well-being of residents, and must provide a comfortable, sanitary environment, and must furthermore comply with the applicable requirements of Reference 1 as determined by the state Division of Fire Safety and these Regulations.
- (a) A home with fire code deficiencies may be granted a license that may be renewed subject to the submission of a plan of corrections acceptable to the state Division of Fire Safety and provided the nature of the deficiencies are such that they do not jeopardize the health, safety, and welfare of the residents.
 - (b) A home with residents who are blind, deaf, and physically disabled must be subject to the applicable requirements of the American National Standards Institute (ANSI standards)(1961), and any other provisions that may be required by these Regulations.
 - (c) Resident occupancy must be permitted only in those areas where building design or structural limitations do not prevent, delay or reduce a resident from exercising self-preservation in an emergency.
 - (d) A home that elects to comply with a higher life safety code (F1) and is so approved by the state Division of Fire Safety and meets the Department's requirements for the appropriate level of licensure may admit residents not capable of self-preservation.
- 24.3 Adult supportive care homes must not be utilized for any other purposes, unless such purposes are compatible with the objectives and the nature of an adult supportive care home and are approved by the Department.
- 24.4 All rooms utilized by resident(s) must have proper ventilation and must have an outside opening with satisfactory screening.
- 24.5 All steps, stairs and corridors must be suitably lighted, both day and night. Stairs used by residents must have banisters, hand rails, or other types of support. All stair treads must be well maintained to prevent hazards.

Residents Rooms, Toilets, and Bathing Fixtures

- 24.6 The bedroom of residents must be designed and equipped with suitable furnishings for the safety, comfort and privacy of each resident.
- 24.7 All bedrooms of an adult supportive care home are required to be single bedrooms. For maximum occupancy, the adult supportive care home must have five (5) single bedrooms.

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- 24.8 Single bedrooms must be no less than one hundred (100) square feet in area and no less than eight (8) feet wide, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules.
- 24.9 Every resident's bedroom must be equipped with a bed, a bedside table or cabinet with an individual reading lamp, a comfortable armchair, and suitable, sufficient storage space for each resident's personal clothing and personal effects.
- 24.10 At least one (1) desk and chair must be provided in the home for the use of every five (5) residents.
- 24.11 Beds must be located only in rooms designated solely as bedrooms.
- 24.12 Provisions must be made for an area within the resident's bedroom and/or home to be under lock for the safe keeping of personal possessions.
- 24.13 In homes in which residents are given keys to their bedrooms, the manager must have access to duplicate keys for use in emergency situations and for regularly scheduled routine housekeeping.
- 24.14 Each bedroom must have a window that can be easily opened. The window sill must not be higher than three (3) feet above the floor and must be above ground level.
- 24.15 Comfortable temperature levels must be maintained in all parts of the home occupied by residents with a centralized heating system to maintain a minimum of seventy degrees Fahrenheit (70°F) during the coldest periods.
- 24.16 Any adult supportive care home that does not provide air conditioning in every resident lodging unit must provide an air conditioned room or rooms in a residential section(s) of the home to provide relief to residents when the outdoor temperature exceeds eighty (80 °F) degrees Fahrenheit.

Bathing and Toilet Facilities

- 24.17 There must be private bathroom facilities with a toilet, shower or tub, and sink in each home. These facilities must be accessible to each resident according to his/her individual needs.
- 24.18 Traffic to and from any room must not be through a bedroom or bathroom except where a bathroom opens directly off the room it serves.
- 24.19 There must be at least one (1) window or mechanical ventilation to the outside of the bathroom.
- 24.20 Toilets and bathing appliances must be equipped for use by residents with physical disabilities, as dictated by such residents' needs.
- 24.21 There must be at least one (1) toilet of appropriate size for each five (5) residents. Each toilet must be equipped with a toilet seat and toilet tissue.

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- 24.22 There must be at least one (1) wash basin and one (1) tub or shower for each five (5) residents.
- 24.23 Sinks with soap and towels must be available in or immediately adjacent to bathrooms and/or toilet rooms.
- 24.24 In resident areas, hot water temperatures must not be less than one hundred degrees Fahrenheit (100°F) nor exceed one hundred ten degrees Fahrenheit (110°F) (plus or minus two (2) degrees). Thermometers (accuracy of which can be plus or minus two (2) degrees) must be provided in resident areas to check water temperature periodically at each site where residents bathe or shower.
- 24.25 Shower and tub areas must be equipped with substantial hand-grip bars and slip-resistant surfaces.
- 24.26 Glass shower doors must be marked for safety.
- 24.27 Bathroom areas must be equipped with mirrors for personal grooming. Mirrors must be installed in such a way as to minimize the danger of breakage.
- 24.28 Septic tanks or other private sewage disposal systems of the home shall be in good working order.

Dining and Living Areas

- 24.28 Each home must provide one (1) or more clear, orderly and appropriately furnished and easily accessible room of adequate size to include all residents for resident dining and activity, which must be appropriately lighted.
- 24.29 If a multi-purpose room is used, there must be sufficient space to accommodate all residents for dining and activities and to prevent interference between activities.

Section 25.0 *Dietetic Services*

- 25.1 Residents must be provided three (3) balanced, varied meals each day.
- 25.2 Food must be served on dinnerware of good quality, such as ceramic.
- 25.3 Weekly menus must be available at all times to residents in each home and followed accordingly.
- 25.4 Homes must provide residents with a diet appropriate to their medical regime.
- 25.5 The food service in each home shall comply with the appropriate guidelines of the *Guidelines for Food Service Supportive Care Residences* prepared by the Rhode Island Department of Health, Center for Food Protection and Center for Health Facilities Regulation, November 2015 [Reference 20].

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- 25.6 All menus including alternate choices must be planned at least one (1) week in advance, to meet the standards for nutritional care in accordance with *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* [Reference 17] and to provide for a variety of foods, adjusted for seasonal changes, and reflecting the dietary preferences of residents.
- 25.7 Menus must indicate nourishments available to residents between evening meal and bedtime.
- 25.8 Records of menus actually served must be retained for thirty (30) days.

Section 26.0 *Housekeeping and Laundry Services*

- 26.1 The interior and exterior of each home must be maintained in a safe, clean, orderly, attractive, and sanitary manner free from accumulations of dirt, rubbish, and objectionable odors.
- 26.2 Each home must provide appropriate procedures, personnel, and equipment to ensure sufficient clean linen supplies and the proper sanitary washing and handling of linen and personal clothing of residents.
- 26.3 An adequate supply of linen, including replacements, must be maintained.
- 26.4 All bed linens must be changed and cleaned as often as necessary to maintain clean linen on the beds at all times, but in no case must bed linens be changed less often than once a week.
- 26.5 Soiled linen must be handled in a sanitary manner.
- 26.6 Personal laundry of residents must be collected, transported, sorted, washed, and dried in a sanitary manner, separate from bed linen.
- 26.7 When feasible, arrangements must be made so that residents who wish to do so must have a safe and convenient place to wash out and dry small amounts of personal laundry.

Section 27.0 *Lighting*

- 27.1 All habitable rooms must have window areas and ventilation levels in accordance with the state building code.
- 27.2 General lighting levels in non-sleeping rooms throughout each home must be not less than ten (10) foot-candles.
- 27.3 Night lights must be provided in bathrooms, hallways and, if requested, in residents' bedrooms.
- 27.4 Outside entrances must be well-lighted.

Section 28.0 *Safety Requirements*

- 28.1 Halls and exit ways must be free from all encumbrances and/or impediments.

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- 28.2 All locks on bedrooms must be operable by a master key and designed to permit the opening of the locked door from outside in an emergency.
- 28.3 Every closet door latch must be a type that cannot be locked from the inside.
- 28.4 Every bathroom door must be designed to permit the opening of the locked door from outside in an emergency.
- 28.5 There must be no portable cooking equipment (employing flame, gasoline, kerosene or exposed electrical heating elements) used in residents' rooms.
- 28.6 Portable space heaters must not be permitted.
- 28.7 Proper safeguards must be taken at all times against the fire hazards involved in smoking.
- 28.8 The home must have an adequate number of Underwriter's Laboratory (UL) approved smoke detectors in working order.
- 28.9 The manager must prohibit firearms and other dangerous weapons within the home or on the grounds of the home.
- 28.10 A telephone must be easily accessible to residents in the event of emergencies. Pay phones must not be acceptable substitutes. The telephone number of the local fire department and law enforcement agencies serving the home must be posted by each telephone.
- 28.11 Each home must develop and maintain a written plan and procedure for the evacuation of the premises in case of fire or other emergency.
- 28.12 Emergency steps of action must be clearly outlined and posted in conspicuous locations throughout the home.
- 28.13 Drills simulating fire emergencies, testing the effectiveness of the fire evacuation plan must be conducted at least six (6) times per year on a bimonthly basis with a minimum of two (2) drills conducted during the night when residents are sleeping with documentation of observed ability of residents to carry out evacuation procedures. At least fifty percent (50%) of these drills must be obstructed drills, as defined in state fire safety regulations.
- 28.14 The drills must be permitted to be announced in advance to the residents. The drills must involve the actual evacuation of all residents to an assembly point as specified in the emergency plan and must provide residents with experience in egressing through all exits and means of escape required by the Fire Code. Exits and means of escape not used in any fire drill must not be credited in meeting the requirements of the Fire Code.
- 28.15 Documentation of fire drills must be maintained and must include no less than the following information:
- (a) Name of the person conducting the drill;
 - (b) Date and time of the drill;

- (c) Amount of time taken to evacuate the building or unit;
- (d) Type of drill (i.e., obstructed or unobstructed);
- (e) Record of problems encountered and steps taken to rectify them;
- (f) Employee observation of each resident's ability to carry out evacuation procedures.

28.16 Residents must be instructed in all alternative methods of escape since the primary exit may be unusable due to fire and/or smoke. Such instruction must be documented in the record described in § 28.15 of these Regulations.

28.17 Each new resident must be oriented to the fire drill procedure on admission, with documentation of the orientation placed in the resident's record.

28.18 Appropriate fire extinguishers must be installed on each occupied level, maintained in a usable condition, and inspected at specified intervals as stipulated by manufacturers and the Division of Fire Safety.

Section 29.0 *Emergency Power*

29.1 The home shall provide an emergency source of electrical power necessary to protect the health and safety of residents in the event the normal electrical supply is interrupted.

- (a) Such emergency power system shall supply power adequate at least for:
 - (1) Lighting all means of egress; and
 - (2) Equipment to maintain detection, alarm and extinguishing systems.

Section 30.0 *Disaster Preparedness*

30.1 Each home must develop written emergency plans related to internal and external disasters.

30.2 Each home must develop back-up or contingency plans to address possible internal systems and/or equipment failures.

Section 31.0 *Fire/ Disaster Reporting*

31.1 Each home manager must notify the Department immediately by telephone of any unscheduled implementation of the fire evacuation or disaster plan and must follow up in writing within two (2) business days.

Section 32.0 *Variance Procedure*

32.1 The Department may grant a variance either upon its own motion or upon request of the applicant from the provisions of any rule or regulation in a specific case if it finds that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest, public health and/or health and safety of residents.

- 32.2 A request for a variance must be filed a high managerial agent of the adult supportive care home in writing, and set forth in detail the basis upon which the request is made including:
- (a) Identification of the specific regulatory section(s) of these Regulations;
 - (b) Alternative actions, processes, or procedures that through the facility's implementation will facilitate compliance with the specific regulatory intent, and how the home will ensure staff awareness and training regarding the variance, when appropriate.
 - (c) A variance period must not exceed the adult supportive care home's license period. An adult supportive care home must request renewal of the variance when it submits its annual license renewal application.
 - (d) Upon the filing of each request for variance with the Department, and within a reasonable time thereafter, the Department must notify the applicant by certified mail of its approval or in the case of a denial, a hearing date, time and place may be scheduled if the home appeals the denial and held in accordance with the provisions of § 34.0 of these Regulations.

Section 33.0 *Deficiencies and Plans of Correction*

- 33.1 The Department shall notify the licensee and the manager or other legal authority of the home of violations of individual standards through a notice of deficiencies which shall be forwarded to the home within fifteen (15) days of inspection of the home unless the Director determines that immediate action is necessary to protect the health, welfare, or safety of the public or any member thereof through the issuance of an immediate compliance order in accordance with RIGL § 23-1-21.
- 33.2 A licensee, or their designee, who receives a notice of deficient practices must submit a plan of correction to the Department within fifteen (15) days of the date of the notice of deficient practices. The plan of correction shall detail any requests for variances as well as document the reasons therefore.
- 33.3 An acceptable plan of correction shall include, for each individual standard cited:
- (a) How the licensee or their designee intends to correct each deficiency and comply with the stated regulation;
 - (b) What measures will be put in place, or what systemic changes will be made to ensure that the deficient practice does not reoccur; and
 - (c) The date the deficiency shall be corrected.
 - (d) The criteria for acceptability shall be whether the submitted plan shall achieve compliance with the Act and these Regulations.
- 33.4 The plan of correction shall detail any requests for variances in accordance with § 32.0 of these Regulations.
- 33.5 The Department will be required to accept or reject the plan of correction submitted by a home in accordance with § 34.3 of these Regulations within fifteen (15) days of receipt of the plan of correction.

- 33.6 If the Department rejects the plan of correction, or if the home does not provide a plan of correction within the fifteen (15) day period stipulated in § 33.2 of these Regulations, or if a home whose plan of correction has been approved by the Department fails to execute its plan within a reasonable time, the Department may invoke the sanctions enumerated in § 6.5 of these Regulations. If the home is aggrieved by the sanctions of the Department, the home may appeal the decision and request a hearing in accordance with RIGL Chapter 42-35.
- 33.7 The notice of the hearing to be given by the Department shall comply in all respects with the provisions of RIGL Chapter 42-35. The hearing shall in all respects comply therein.

Section 34.0 *Rules Governing Practices and Procedures*

- 34.1 All hearings and reviews required hereunder must be held in accordance with the provisions of Chapter 42-35 of the General Laws of Rhode Island, as amended, and the *Rules and Regulations of the Rhode Island Department of Health Regarding the Practices and Procedures before the Department of Health (R42-35-PP)* [Reference 6].

Section 35.0 *Severability*

- 35.1 If any provision of these Regulations or the application thereof to any home or circumstances must be held invalid, such invalidity must not affect the provisions or application of these Regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.

PART B *Alzheimer Dementia Special Care Program License Requirements* Section 36.0
Applicability

Section 36.0 *Applicability*

36.1 Any adult supportive care home which offers to provide or provides services to residents with Alzheimer disease or other dementia by means of an Alzheimer Dementia/Special Care Unit/Program shall be required to meet all requirements of Part “A” and Part “B” of these Regulations.

Section 37.0 *Specific Requirements*

37.1 A home licensed at the "dementia care" level shall be licensed as an "F1--M1" home in accordance with the requirements of § 2.12.3 of these Regulations.

37.2 Any adult supportive care home which offers to provide or provides services to residents with Alzheimer disease or other dementia by means of an Alzheimer Dementia Special Care Unit/Program shall be required to disclose in writing the type of services provided. The disclosure shall be made to the Department and to any person seeking placement in an Alzheimer Dementia Special Care Program of an adult supportive care home.

37.3 The information disclosed shall explain the additional care that is provided in each of the following areas:

- (a) **Philosophy:** The Alzheimer Dementia Special Care Unit's/Program's written statement of its overall philosophy and mission which reflects the needs of residents afflicted with dementia;
- (b) **Pre-Occupancy, Occupancy, and Termination of Home:** The process and criteria for occupancy, transfer or termination of residency from the unit;
- (c) **Assessment, Service Planning & Implementation:** The process used for assessment and establishing the plan of service and its implementation, including the method by which the plan of service evolves and is responsive to changes in condition;
- (d) **Staffing Patterns & Training Ratios:** Staff training and continuing education practices;
- (e) **Physical Environment:** The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;
- (f) **Resident Activities:** The frequency and types of resident activities;
- (g) **Family Role in Providing Support and Services:** The involvement in families and family support programs;
- (h) **Program Costs:** The cost of care and any additional fees, and the process used in the event that a resident can no longer afford the cost of care being provided.

37.4 The Department shall develop a standard disclosure form and shall review the information provided on the disclosure form by the adult supportive care home to verify the accuracy of the information reported. Any significant changes in the information provided by the

adult supportive care home shall be reported to the Department at the time the changes are made.

- 37.5 Any home that provides care for residents with Alzheimer disease or other dementia by means of an Alzheimer Dementia Special Care Unit/Program shall maintain written policies and procedures that detail specific services, including admission and discharge criteria, for residents and/or their responsible parties on the Unit/Program.
- 37.6 The Alzheimer Dementia Special Care Program shall operate and provide services to all residents of the program in accordance with the prevailing community standard of care for residents with the particular needs and behaviors with dementia.
- 37.7 The Alzheimer Dementia Special Care Program shall have on staff, at a minimum, a registered nurse(s) with appropriate training and/or experience with dementia to manage and supervise all resident dementia-related health and behavioral issues. The nurse must be on-site a minimum of ten (10) hours per week and must be available for consultation at all times (24/7). A weekly schedule of the nurse's availability at the home must be posted at least a week in advance for reference by the residents.
- 37.8 If the home admits residents with dementia, the manager of the home must have no less than five (5) years of professional experience in the aging field, as applicable.
- 37.9 Menus for the Alzheimer Dementia Special Care Program shall be developed under the direction of a nutritionist or registered dietician licensed by the Department.
- 37.10 All menus including alternate choices shall be planned at least one (1) week in advance, to meet the standards for nutritional care in accordance with *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* [Reference 17] and to provide for a variety of foods, adjusted for seasonal changes, and reflecting the dietary preferences of residents.
- (a) Menus shall indicate nourishments available to residents between evening meal and bedtime.
 - (b) Menus shall be posted in a conspicuous place in the dietary department and in resident areas.
 - (c) Records of menus actually served shall be retained for thirty (30) days.
- 37.11 The Alzheimer Dementia Special Care Program shall provide a secure distinct living environment appropriate for the resident population. Doors to the secure distinct living environment must remain unlocked at all times. The home shall have elopement policies in place, specific to the Unit/Program.
- 37.12 **Staff Training - Dementia Care Level:** The manager shall ensure that all new employees who will assist residents with personal care at the dementia level of care receive at least four (4) hours of orientation and training in the areas listed below prior to beginning work alone in the home, in addition to the areas stipulated in §§ 11.5 and 11.6 of these Regulations. Staff will be provided no less than twelve (12) hours of continued education in the following areas at intervals not to exceed twelve (12) months.

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- (a) Understanding various dementias;
- (b) Communicating effectively with dementia residents;
- (c) Managing behaviors;
- (d) Elopement procedures for the home;
- (e) Creating a safe environment for residents;
- (f) Medications commonly prescribed for resident residing in the home and potential side effects

References

1. "Rhode Island State Fire Safety Code," Chapter 23-28.1 of the General Laws of Rhode Island, as amended. Available online: <http://www.rilin.state.ri.us/Statutes/TITLE23/23-28.1/INDEX.HTM>
2. *Food Code (R23-1, 21-27-FOOD)*, Rhode Island Department of Health, Office of Food Protection, October 2007.
3. *Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management and Disposal of Regulated Medical Waste in Rhode Island*. Rhode Island Department of Environmental Management, July 2010.
4. "Rhode Island State Building Code," Chapter 23-27.3 of the General Laws of Rhode Island, as amended. Available online: <http://www.rilin.state.ri.us/Statutes/TITLE23/23-27.3/INDEX.HTM>
5. *American National Standard: Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped*, American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018 [Publication number: ANSI A117.11980].
6. *Rules and Regulations of the Rhode Island Department of Health Regarding the Practices and Procedures Before the Department of Health (R42-35-PP)*, Rhode Island Department of Health, September 2014.
7. *Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants, Medication Aides, and the Approval of Nursing Assistant and Medication Aide Training Programs*, Rhode Island Department of Health, March 2008.
8. "Office of State Medical Examiners," Chapter 23-4 of the General Laws of Rhode Island, as amended. Available online: <http://www.rilin.state.ri.us/Statutes/TITLE23/23-4/INDEX.HTM>
9. "The Americans with Disabilities Act," U.S. Code Title 42 Sections 12101--12213; Title 47 Sections 152, 221, 225, 611; Title 29 Section 706 effective July 21, 1990. Amendments effective November 21, 1991: 105 Stat. 1077, 1095.
10. "Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers", Centers for Medicare and Medicaid Services, Final Rule, January 2014. Available online at: <https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>
11. "The Adult Supportive Care Residence Act," Chapter 23-17.24 of the Rhode Island General Laws, as amended. Available online: <http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-17.24/INDEX.HTM>
12. *Rules and Regulations Pertaining to Medical Orders for Life-Sustaining Treatment (R23-4.11-MOLST)*, Rhode Island Department of Health, September 2013.
13. *"Rules and Regulations Related to Immunization and Testing of Health Care Workers (R23-17-HCW)"*, Rhode Island Department of Health.

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14. “Abuse in Health Care Facilities,” Chapter 23-17.8 of the Rhode Island General Laws, as amended. Available online:
<http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-17.8/INDEX.HTM>
15. “*Rules and Regulations Pertaining to the Reporting of Infectious, Environmental and Occupational Diseases* [R23-10-DIS],” Rhode Island Department of Health, November 2013.
16. “Supplemental Security Income,” Section 40-6-27 (a)(3) of the Rhode Island General Laws, as amended. Available online at: <http://webserver.rilin.state.ri.us/Statutes/TITLE40/40-6/40-6-27.HTM>
17. *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements*, Institute of Medicine, September 2006.
18. *Rules and Regulations Pertaining to Certification of Managers in Food Safety (R21-27-CFS)*, Rhode Island Department of Health, September 2012.
19. 42 Code of Federal Regulations, Part 2, “Confidentiality of Alcohol and Drug Abuse Patient Records.”
Available online: <http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=42:1.0.1.1.2>
20. *Guidelines for Food Service Supportive Care Residences* prepared by the Rhode Island Department of Health, Center for Food Protection and Center for Health Facilities Regulation, November 2015.

The revision dates of all regulations cited above were current when these Regulations were filed with the Secretary of State. Current copies of all regulations issued by the RI Department of Health may be downloaded at no charge from the RI Secretary of State’s Final Rules and Regulations Database website:
<http://www.sos.ri.gov/rules/>

SupportiveCare_PublicHearingDraft_20Jan2016
Wednesday, January 20, 2016